Enhanced Lifeline & Link-Up Assistance Application for Eligible Residents Living on Tribal Lands in S.D.

(Please Print or Type)

Billing Address: City: State: ZIP: Residential Address: City: State: ZIP: State: ZIP: Social Security Number: Telephone Number: (If you have existing service) Telephone number where you can be reached or receive messages I am applying for: Lifeline (monthly telephone service discount) Toll Limitation Service (free toll blocking or toll control, Link-Up (telephone connection charge discount) as an individual living on "tribal land." NOTE: Telephone service MUST be in applicant's name. "An eligible resident of tribal lands" for purposes of the Lifeline and Linkup Assistance Programs is a qualifying low-income consumer living on a reservation." A "reservation" is defined as any federally recognized Indian Tribe's reservation, pueblo or colony and Indian Alloments. Low-Income in one or more of the following programs: (Check all that apply.) Medicaid (e.g. Title XIX/Medical State Supplemental Assistance) Food Stamps Supplemental Security Income (SSI) Federal Public Housing Assistance Program (LIEAP) Temporary Assistance to Needy Families Program (TANF) National School Lunch Programs Free Lunch Programs Bureau of Indian Affairs General Assistance Tribally-Administered Temporary Assistance Tribally-Administered Temporary Assistance for Needy Families (TTANF) Head Start (if income eligibility criteria are met) Tribal National School Lunch Programs OR My household income is at or below 135% of the Federal Poverty Guidelines. If you do not participate in one or more of the programs listed above, you may qualify for Lifeline and Link-Up if your household income to verify your eligibility. 2008 Health and Human Services Poverty Guideline Residence (Annual) (Monthly) Residence (Annual) (Monthly) 1 S14,040 S1,170 5 S33,480 S2,790 S2,790 S1,575 6 S38,340 S1,195 S3 S23,760 S1,980 7 S43,200 S3,600 S4,005 For each additional person after 8, add S4,860 to the annual guideline of the above qualifications to receive Lifeline, Link-Up or Toll Limitation Service assistance on my primary residential telephone line. Signature	Last Name:		First Name:		Middle Initial:	
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Provide the completed application and appropriate proof of household income to your local phone company. For more information about Lifeline and Link-Up, see www.PUC.SD.gov/Lifeline